NHS
Barnsley Clinical Commissioning Group

**Putting Barnsley People First**

# BARNSLEY CLINICAL COMMISSIONING GROUP'S POLICY ON POLICIES - FOR THE DEVELOPMENT AND MANAGEMENT OF PROCEDURAL DOCUMENTS

| | |
|---|---|
| **Version:** | 2 |
| **Approved By:** | Governing Body (Approval)<br>Audit Committee (Review) |
| **Date Approved:** | 21 September 2017 |
| **Name of originator / author:** | Richard Walker |
| **Name of responsible committee/ individual:** | Governing Body (Approval)<br>Audit Committee (Review) |
| **Name of executive lead:** | Richard Walker |
| **Date issued:** | September 2017 |
| **Review Date:** | 2 years from approval |
| **Target Audience:** | Barnsley CCG staff |

# POLICY ON POLICIES - FOR THE DEVELOPMENT AND MANAGEMENT OF PROCEDURAL DOCUMENTS

## DOCUMENT CONTROL

| Version | Type of Change | Date | Description of Change |
|---|---|---|---|
| V1.0 | New policy | | |
| V.1 | Amendment | January 2014 | Amended former PCT policy and reference NHSLA Policy on Policies to create first draft version of Barnsley CCG's Policy on Policies |
| 2 | Bi-annual review/amendment | August 2017 | Amended title, references to roles and committees and updated support available to authors. |

**CONTENTS**

## APPENDICES

# POLICY ON POLICIES – FOR THE DEVELOPMENT AND MANAGEMENT OF PROCEDURAL DOCUMENTS

## 1. INTRODUCTION

1.1. The policies and procedures of Barnsley Clinical Commissioning Group (CCG) are intended to provide a framework that ensures that the work of the CCG is conducted in such a manner as to enable the organisation to fulfil its statutory and contractual obligations and meet the goals set out in its mission statement in a consistent and coherent manner.

1.2. All new policies and procedures throughout the CCG will be developed and managed in accordance with this policy. Existing policies and procedures will be amended as they become due for revision and updating.

1.3. This policy does not apply to written strategies.

## 2. PURPOSE

2.1. The purpose of this policy is to ensure consistency of approach across the CCG in the development and management of new or revision of existing policies and procedures.

## 3. THE RISKS OF NOT HAVING THIS POLICY IN PLACE

3.1. Failure to comply with this policy may result in the following corporate risks arising:

3.1.1. The CCG may not achieve good practice as set out in the CCG Code of Governance and the requirements of the CCG's Assurance Framework.

3.1.2. The CCG may not meet its legal obligations, e.g. to undertake Equality Impact Assessments on its policies and procedures.

3.1.3. The CCG requires a range of policies and procedures to be in place for the efficient and safe operation of its services, e.g. employment, risk, health and safety etc. A failure to adopt one corporate format and style may increase the risk of confusion to staff and managers who refer to the policies and procedures in the course of their duties.

3.1.4. Policies and procedures may not be reviewed, archived and implemented in a consistent manner across the CCG.

## 4. DEFINITIONS

### 4.1. Policy

A policy is a high level statement. Each policy should specify its purpose and many will include a procedure setting out how the policy will be achieved. A policy enables management and staff to make correct decisions, deal effectively with and comply with legislation, CCG rules and good working practices.

### 4.2. Procedure

Procedures are often incorporated into a policy or can be 'stand-alone'. They are the practical way in which a policy is translated into action. They explicitly outline how to accomplish a task or activity, giving detailed step by step instructions. A procedure often allocates specific roles that specific individuals must undertake.

## 5. PRINCIPLES

5.1. There should be clear justification and support for developing a new policy or procedure including any links to service priorities and legal or statutory requirements. Care should be taken to ensure that the new document does not duplicate other work being undertaken, either nationally or locally. Locally a check could be made against the CCG's register of policies available from the Corporate Affairs Team.

5.2. Accredited Staff Side Representatives will be involved in the preparation of new, or revision of, existing policies or procedures where appropriate.

5.3. The CCG must fulfil its obligations under NHS England's CCG Assurance Framework and any other corporate accreditation processes. The associated evidence files must therefore be kept up-to-date with the latest policies and procedures.

## 6. ROLES AND RESPONSIBILITIES

### 6.1. Responsibility of the Governing Body

6.1.1. It is the responsibility of the CCG Governing Body to:

6.1.1.1. Consider and approve all new or significantly amended CCG policies including this Policy on Policies.

### 6.2. Responsibilities of Committees

6.2.1. It is the responsibility of the Committees to:

6.2.1.1. Monitor and review policies after initial Governing Body approval, approve minor amendments, and escalate back to the Governing Body when changes are more significant.

### 6.3. Responsibility of the Chief Officer

6.3.1. It is the responsibility of the Chief Officer to:

6.3.1.1. Ensure that this policy is implemented across the CCG.

6.3.1.2. Identify individual officers to take lead responsibility for specific areas of policy development.

### 6.4. Responsibility of the Head of Governance and Assurance

6.4.1. It is the responsibility of the Head of Governance and Assurance to:

6.4.1.1. Have processes in place to monitor the compliance and effectiveness of this policy.

6.4.1.2. Have overall responsibility for document control, archiving and updating the CCG's Intranet and Internet.

6.4.1.3. Ensure that policies and procedures are subject to an approval process with final ratification by the Governing Body or Committee with appropriate authority.

### 6.5. Responsibility of Lead Officers

6.5.1. It is the responsibility of Lead Officers to:

6.5.1.1. Implement this policy within their teams.

6.5.1.2. Ensure that the CCG's check list for the development, approval and implantation of policies has been followed (see example checklist, Appendix 1).

6.5.1.3. Have processes in place to monitor the compliance and effectiveness of the policies for which they are responsible.

6.5.1.4. Consider whether or not the implementation of the policy or procedure is achievable within the resources of the team.

6.5.1.5. Consider the Policy Implementation Plan prepared by the Policy Author and ensure that the plan is actioned.

### 6.6. Responsibility of the Policy Author

6.6.1. It is the responsibility of the Policy Author to:

6.6.1.1. Follow the CCG's checklist for the development, approval and implementation of policies or procedures.

6.6.1.2. Ensure that any new or revised policies or procedures are prepared in accordance with the CCG's Policy on the Development and Management of Policies and Procedures.

6.6.1.3. Ensure that records are kept of the stages of development including discussion, consultation, negotiation and the outcome of the Equality Impact Assessment.

6.6.1.4. Inform the Lead Officer of the implications of any new policies or amendments to existing policies.

6.6.1.5. Prepare a Policy Implementation Plan for each individual policy and together with the Lead Officer ensure that the plan is actioned.

## 7. DEVELOPMENT, APPROVAL AND IMPLEMENTATION OF POLICIES AND PROCEDURES

### 7.1. Style and Format

#### 7.1.1. Policies

7.1.1.1. A front cover sheet template to be used with all policies is attached at Appendix 2.

7.1.1.2. Policies should be set out in the CCG style and format shown in the template at Appendix 3. Appendix 3 also provides information on what should be included in each of the sections below. The font type, size and spacing have been identified so that all policies will have the same 'corporate' appearance. The policy will include the following sections:

- Introduction
- Purpose
- The Risks of not having this Policy in place
- Definitions

- Principles
- Roles and Responsibilities
- Procedure
- Monitoring the compliance and effectiveness of this policy
- References
- Review of this Policy
- Other relevant sections requiring individual headings
- Forms, Records and other Associated Documentation as appendices.

7.1.1.3. All policies should include the Equality Impact Assessment as an appendix.

7.1.1.4. Not every policy will require all of the sections listed above in Point 7.1.1.2, e.g. there may not be a procedure, as in this policy. In these circumstances the author has discretion to exclude non-relevant sections.

7.1.1.5. All pages of the policy should be headed with the policy name.

7.1.2. Stand-alone procedures should also be set out in the same style and format as a policy (see point 7.1.1 above). However, the front cover sheet (Appendix 2) should be amended dependent upon the name of the authorising officer and ratifying committee.

## 7.2. Discussion, Consultation and Negotiation

7.2.1. Stakeholders and their level of involvement should be identified in the early stages of development.

7.2.2. It is recognised that there will be different routes through which a policy or procedure will undergo discussion, consultation or negotiation. For example, a new employment policy will initially be discussed, reviewed and approved in principle by the Equality and Engagement Committee before approval by the Governing Body. The Corporate Affairs Team can advise on the appropriate governance route.

7.2.3. Typically the following cohorts would be consulted in the development of a Policy:

- Staff Side
- CCG Staff generally (may be limited to comment)
- Relevant experts (e.g. Leads for Health & Safety, Quality, HR and Information Governance).
- Local Counter Fraud Specialist

- Equality Lead
- Any other staff identified by the Lead Officer.

7.2.4. Each Lead Officer should use the checklist for the development, approval and implementation of policies and procedures for all policies produced within his/her area of responsibility. This should include how discussion, consultation or negotiation will take place (see Checklist Appendix 1).

7.2.5. In some circumstances it may be appropriate for a particular policy to follow the discussion, consultation and negotiation process of another team.

7.2.6. A record must be kept of the discussion, consultation and negotiation processes undertaken together with any supporting documentation or notes.

### 7.3. Equality Impact Assessments

7.3.1. The Equality Act 2010 includes a general duty to

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

7.3.2. The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership (only in respect of eliminating discrimination)
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

7.3.3. Public bodies have to demonstrate due regard to the general duty. This means active consideration of equality must influence decisions reached that will impact on patients, carers, communities and staff. The CCG's Equality Impact Assessment (EIA) tool is a way of systematically analysing a new or changing policy, strategy, process etc. to identify what effect, or likely effect, it could have on protected groups.

7.3.4. There is no specific legal requirement to carry out an Equality Impact Assessment on all policies, procedures, practices and plans but the CCG does need to be able to demonstrate that it had paid due regard to the general duty. An EIA should be carried out on a new policy that is likely to have an impact on patients, carers, communities or staff. (The EIA form is available at Appendix 5).

7.3.5. It is not necessary to carry out an EIA linked to the review or revision of a policy where an EIA has already taken place and there has been no significant change to the policy or its impact on protected groups or to a policy that does not have an impact on patients, carers, staff or the wider community e.g. financial regulations.

7.3.6. Potential adverse impact on any protected group identified through the EIA will be monitored as part of the routine work to monitor compliance with the policy.

## 7.4. Approval

7.4.1. All policies whether new or revised existing policies will be subject to an approval process and this may be via a committee or other mechanism.

7.4.2. All new policies initially need to be approved by the Governing Body and then subsequent reviews and approval by the designated Committee. The Corporate Affairs Team can advise on the appropriate governance route. All policies should identify the committee responsible for review and include this on the first sheet of the policy.

7.4.3. A covering paper in the CCG's template must be completed and attached to a policy or procedure prior to it being placed on the Board or other appropriate Committee agenda.

7.4.4. Stand-alone procedures will not require Governing Body approval but may need approval from the appropriate committee, Management Team or working group.

## 7.5. Policy Implementation

7.5.1. Individual policies will require implementation in different ways dependent upon their content and a Policy Implementation Plan (PIP) should therefore be produced for each policy. The PIP will cover:

- Timetable
- Communication
- Distribution
- Training

- Costs
- Equality Impact Assessment outcome (this will include publishing the outcome of the Equality Impact Assessment and any associated action plan on the CCG's Internet and Intranet).

The PIP for this Policy is attached at Appendix 4.

7.5.2. Stand-alone procedures may also require a Policy Implementation Plan.

### 7.6. Accessibility of Policies and Procedures

All policies and procedures will be made accessible to managers and staff and will be stored on the CCG's Internet with a link from the Intranet.

### 7.7. Arrangements to Review

7.7.1. Policies and procedures must include a date for review. Policies will be reviewed 2 years from the date of Governing Body approval, or sooner if there is a requirement to meet legal, statutory or good practice standards. The review date will be recommended by the author of the policy / Lead Officer prior to final approval by the relevant approving Board or Committee.

7.7.2. It is expected that procedures associated with a policy will be part of the review of the policy.

### 7.8. Document Control and Archiving

7.8.1. All policies and procedures will have an issue number and be controlled through use of the Document Control Sheet attached at page 2 of Appendix 2 – The Front Cover Sheet template.

7.8.2. Obsolete versions of policies and procedures will be archived electronically by the Corporate Affairs Team.

## 8. PROCEDURE

There is no procedure associated with this policy.

## 9. MONITORING THE COMPLIANCE AND EFFECTIVENESS OF THIS POLICY

The Head of Governance and Assurance will ensure that a process is in place to monitor the compliance and effectiveness of this policy. This will include a review of a sample of policies each year in conjunction with the designated lead officer to ensure the policy complies with this Policy on Policies and is operating effectively.

## 10. REFERENCE / GUIDANCE

### Legislation

- The Race Relations Act 1976 as amended by the Race Relations (Amendment) Act 2000
- The Disability Discrimination Act 1995 amended 2005
- The Gender Recognition Act 2004
- The Civil Partnership Act 2004
- Sex Discrimination (Gender Reassignment) Regulations 1999
- The Human Rights Act 1998
- Equality Act 2010 (Statutory Duties) Regulations 2011
- The Sex Discrimination Act (as amended) 1975
- The Equal Pay Act (as amended) 1970
- Health and Social Care Act 2001

### Guidance from other organisations

- The NHS Litigation Authority's Risk Management Standard Template for the Development and Management of Procedural Documents
- Promoting Equality and Human Rights in the NHS – A Guide for Non-Executive Director of NHS Boards (2005) Department of Health
- NHS Code of Practice on Record Keeping 2006

## 11. REVIEW OF THIS POLICY

This policy will be reviewed 2 years from the date of approval or sooner if there is a requirement to meet legal, statutory or good practice standards.

**APPENDIX 1**

## Example Checklist for the Development, Approval and Implementation of Policies and Procedures

**To be completed by the Policy Author and signed off by the Lead Officer**

| Action | | Completed Use a ✓ or x to indicate compliance | Comments |
|---|---|---|---|
| 1. | Has the CCG's Policy on Policies - the Development and Management of Procedural Documents been considered prior to commencement of development? | | |
| 2. | Is it clear whether this is a policy or stand-alone procedure? | | |
| 3. | Is the document in the CCG style and format? | | |
| 4. | Is the objective of the document clear and unambiguous? | | |
| 5. | a) Are the reasons for the document stated and linked to service priorities, and legal or statutory requirements? | | |
| | b) Is there any duplication with either National or other local documents or work? | | |
| 6. | Are the intended outcomes clear? | | |
| 7. | a) Is the evidence base for the document clear? | | |
| | b) Are the references cited in full? | | |
| 8. | Have the risks of not having the document in place been identified. Was a full risk assessment required and where appropriate entered on the corporate risk register? | | |

**APPENDIX 1 - continued**

| | | | |
|---|---|---|---|
| 9. | Has an Equality Impact Assessment been undertaken and the result outcomes published and an action plan developed where necessary? | | |
| 10. | Have stakeholders and their role been identified? | | |
| 11. | Has discussion, consultation or negotiation taken place with staff, staff side, other stakeholders, service users, carers etc.? | | |
| 12. | Can implementation be achieved within the resources of the team? | | |
| 13. | Has a record of the development, approval and implementation of the document been kept together with any associated documents etc.? | | |
| 14. | Has the CCG's template for Governing Body and other committee papers been prepared and attached to the document? | | |
| 15. | Has a Policy Implementation Plan been prepared? | | |
| 16. | Has the document been sent to the Corporate Affairs Team to be placed on the CCG's Internet (with a link to the intranet). | | |
| 17. | Have old copies of the document been removed from circulation? | | |
| 18. | Has the old document been archived? | | |
| 19. | Have the monitoring arrangements within the document been flagged for implementation? | | |
| 20. | Has the review date of the document been flagged so that the review is completed in a timely manner? | | |

| | |
|---|---|
| Signed: | |
| Policy Author: | …… |
| Title: | …… |
| Date: | …… |
| | |
| Lead Director: | …… |
| Title: | …… |
| Date: | …… |

**APPENDIX 2**

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## FRONT COVER SHEET TEMPLATE

**Leave six clear line spaces before inserting box below**

***Policy/Procedure TITLE**
**(Bold, block capitals, Arial, Font size 16)**
**(Double line border (bold), 1 ½ pitch)**

***Delete as appropriate**

**Leave 12 clear line spaces before entering table below**

**Grey boxes shaded**

| | |
|---|---|
| **Version:** | |
| **Approved By:** | |
| **Date Approved:** | |
| **Name of originator / author:** | |
| **Name of responsible committee/ individual:** | |
| **Name of executive lead:** | |
| **Date issued:** | |
| **Review Date:** | |
| **Target Audience:** | |

**APPENDIX 2 - continued**

*** For Document Control refer overleaf ***

**Enter 'POLICY TITLE', centred, Arial font, size 12, block capitals.**

**DOCUMENT CONTROL – Use Arial font, size 12**

| Version No | Type of Change | Date | Description of change |
|---|---|---|---|
| V.1 | Annual review | April 2013 | *Update to section 2 'Purpose'*<br>*Update to section 6.4 'Equality Impact Assessment'*<br>*Update to section 12 'References'* |
| V.2 | Amendment | November 2013 | *Addition of amendment log*<br>*Addition of example of definition*<br>*Addition of examples of associated documents* |

**APPENDIX 3**

## STYLE AND FORMAT TEMPLATE

**POLICY TITLE**
**(Arial 12 Bold)**

### 1. Front Cover Sheet and Pages

1.1 Each policy and procedure should have a front cover sheet (Appendix 2) in the CCG's corporate format.

1.2 The main body of the policy text should be in Ariel font, size 12, single line spaced and left aligned. Each page of the document should be headed with the Policy name and numbered at the bottom.

1.3 Paragraph indentation should follow the style shown in this appendix.

### 2. Content Sheet

2.1 Each policy and procedure should have a contents sheet, with page numbers and appendices clearly listed.

### 3. Introduction

3.1 This section will include:

3.1.1 An overview of the importance and role of the policy and procedural documents etc.

3.1.2 A reference that the policy has been developed in accordance with the CCG's Policy on Policies - the Development and Management of Procedural Documents.

3.1.3 A reference to other documents that should be read in conjunction with the Policy, e.g. cross reference to another policy.

### 4. Purpose

4.1 This section will include:

4.1.1 The purpose of the document including the rationale for development.

4.1.2 An outline of any objectives and intended outcomes of the process/system being described.

## 5. The Risks of not having this Policy in place

5.1 This section will include:

5.1.1 The identification of any risks associated with the policy or procedure. If appropriate a full risk assessment should be undertaken and entered on the corporate risk register where necessary.

## 6. Definitions

6.1 This section will include:

6.1.1 A list and description of the meaning of the terms used in the context of the policy or procedure.

## 7. Principles

7.1 This section will include:

7.1.1 The fundamental action points of the policy or procedure to be adopted.

## 8. Roles and Responsibilities

8.1 This section will include:

8.1.1 Clearly specified roles and responsibilities of individuals (listed in order of seniority) in relation to the development and implementation of the specific policy or procedure. This will include the identification of a Lead Officer with overall responsibility for the particular policy topic and may also include reference to the role of the Governing Body or a Committee.

## 9. Procedure

9.1 This section will include:

9.1.1 A procedure, which for clarity is best included in the policy rather than existing as a separate stand-alone procedure.

## 10. Monitoring the Compliance and Effectiveness of this Policy

10.1 This section will include:

10.1.1 Reference to the Lead Officer's responsibility to ensure that a process to monitor the compliance and effectiveness of the policy is in place which will include where appropriate:

10.1.1.1 Arrangements for compliance and effectiveness i.e. audit, review, monitoring etc.

10.1.1.2 Responsibilities for conducting the audit, review or monitoring.

10.1.1.3 Methodology to be used for audit, review or monitoring

10.1.1.4 Frequency of audit, review or monitoring i.e. quarterly, on a rolling basis as required etc.

10.1.1.5 Process for reviewing results and ensuring improvements.

10.1.1.6 Monitoring of key performance indicators.

## 11. References

11.1 This section will include:

11.1.1 The evidence base, listing the relevant references and the year published.

## 12. Review of the Policy

12.1 This section will include:

12.1.1 The actual date of review or, the period from the date of approval when the policy etc. will be reviewed e.g. two years from date of approval.

12.1.2 Reference may also be made to the need to undertake an earlier review than that specified where there may be a requirement to meet legal statutory or good practice standards.

## 13. Any Other Relevant Sections requiring separate headings

13.1 These will be areas that are required but which do not fit under the headings outlined in this Appendix.

13.2 Separate headings should be specified and numbered appropriately.

13.3 The separate headings may be inserted at any point in the policy dependent upon where they will make the most sense and impact.

## 14. Appendices

14.1 Forms, records and other associated documentation will be attached to the policy as appendices and listed on the contents sheet at the front of the policy.

14.2 Appendices will be consecutively numbered, e.g. Appendix 1, Appendix 2.

**APPENDIX 4**

# POLICY IMPLEMENTATION PLAN FOR THE POLICY ON POLICIES - THE DEVELOPMENT AND MANAGEMENT OF PROCEDURAL DOCUMENTS

## Time Table

- New policy approved by the Governing Body on 13 February 2014
- Reviewed and updated by the Corporate Affairs Team August 2017
- Approved by the Audit Committee on 21 September 2017
- Promotion and communication to all staff within 2 weeks of approval
- Policy to be fully implemented within 4 weeks of approval with any policies developed from this date having to follow its requirements.

## Promotion and Communication

- The Head of Governance and Assurance to prepare an article and information for promotion and communication
- The Corporate Affairs Team will be asked to undertake the following in relation to the Policy.
    - Promote via weekly staff bulletin
    - Upload policy to the CCG website, which links to staff intranet.

## Training

There is no training associated with this policy.

## Costs

There are no costs associated with this policy.

## Equality Impact Assessment Outcome

No EIA required for this policy.

**Appendix 5**

# Equality Impact Assessment

| | | |
|---|---|---|
| **Title of policy or service:** | | |
| **Name and role of officer/s completing the assessment:** | | |
| **Date of assessment:** | | |
| **Type of EIA completed:** | **Initial EIA 'Screening'** ☐ ***or*** **'Full' EIA process** ☐ | *(select one option - see page 4 for guidance)* |

| **1. Outline** | |
|---|---|
| **Give a brief summary of your policy or service**<br>• Aims<br>• Objectives<br>• Links to other policies, including partners, national or regional | |

## Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

**2. Gathering of Information**

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.

| (Please complete each area) | What key impact have you identified? | | | For impact identified (either positive or negative) give details below: | |
|---|---|---|---|---|---|
| | Positive Impact | Neutral impact | Negative impact | How does this impact and what action, if any, do you need to take to address these issues? | What difference will this make? |
| **Human rights** | ☐ | ☐ | ☐ | | |
| **Age** | ☐ | ☐ | ☐ | | |
| **Carers** | ☐ | ☐ | ☐ | | |
| **Disability** | ☐ | ☐ | ☐ | | |
| **Sex** | ☐ | ☐ | ☐ | | |
| **Race** | ☐ | ☐ | ☐ | | |
| **Religion or belief** | ☐ | ☐ | ☐ | | |
| **Sexual orientation** | ☐ | ☐ | ☐ | | |
| **Gender reassignment** | ☐ | ☐ | ☐ | | |
| **Pregnancy and maternity** | ☐ | ☐ | ☐ | | |
| **Marriage and civil partnership** (only eliminating discrimination) | ☐ | ☐ | ☐ | | |
| **Other relevant groups** | ☐ | ☐ | ☐ | | |

| | | | | | |
|---|---|---|---|---|---|
| **HR Policies only: Part or Fixed term staff** | ☐ | ☐ | ☐ | | |

***IMPORTANT NOTE:*** *If any of the above results in '**negative'** impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.*

Having detailed the actions you need to take please transfer them to onto the action plan below.

| **3. Action plan** | | | | |
|---|---|---|---|---|
| **Issues/impact identified** | **Actions required** | **How will you measure impact/progress** | **Timescale** | **Officer responsible** |
| | | | | |

| **4. Monitoring, Review and Publication** | | | | |
|---|---|---|---|---|
| **When will the proposal be reviewed and by whom?** | **Lead / Reviewing Officer:** | | **Date of next Review:** | |

Once completed, this form **must** be emailed to barnsleyccg.equality@nhs.net for sign off by Brigid Reid, Chief Nurse:

| | |
|---|---|
| **Brigid Reid's signature:**<br>**Date of Sign Off:** | |